

**ASSUMPTION OF RISK/LIABILITY RELEASE FORM**  
**PLEASE READ CAREFULLY AND FILL OUT COMPLETELY\***

(The information in this section **MUST** be printed *legibly*)

Children under 18 years																			
Name					Age					First Name					Last Name				
										Mailing Address									
										City					State		Zip		
Email										Phone									

I am aware that by signing this document for participation in River Master, Inc. (d/b/a Raft Masters) activities I acknowledge that certain elements of this activity may be physically and emotionally demanding as well as dangerous. Furthermore, I understand that certain risks and dangers such as those listed below exist in the activity in which I am participating. I freely and willingly accept those risks and dangers individually and on behalf of my participating family members.

These risks include, but are not limited to: loss or damage to personal property; **SERIOUS INJURY OR DEATH** due to inclement weather, slipping, collisions, raft-flipping, falling, falling out of raft, insect bites, falling objects, falls from vehicles, vehicular accidents, immersion n cold water, hypothermia, striking submerged or visible rocks and trees; drowning; suffering any type of accident or illness in remote areas without easy access to medical facilities; or while traveling to and from the activity site.

River rafting is an activity during which injuries may occur regardless of all reasonable precautions. I acknowledge individually and on behalf of my participating family members that while Raft Masters and its guides will make reasonable efforts to teach me proper techniques to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen and/or avoided. **I have a PERSONAL RESPONSIBILITY** to learn and to follow the safety rules and procedures established by Raft Masters and by my guide. I will make them aware at any point in which I question my knowledge of those procedures that may reduce my risk of serious injury or death,

**I understand and assume, individually and on behalf of my participating family members, all the dangers and risks associated with this activity and WAIVE ALL CLAIMS OR CAUSES OF ACTION ARISING OUT OF PARTICIPATION IN RAFT MASTERS' ACTIVITIES AND IN ANY WAY ARISING OUT OF, OR IN CONNECTION WITH MY TRIP, AND RELEASE ALL PERSONS AND AGENTS FROM LIABILITY WHETHER CAUSED BY RAFT MASTERS' NEGLIGENCE, NEGLIGENCE PER SE, BREACH OF CONTRACT, WARRANTY, STRICT LIABILITY OR OTHERWISE, which I may ever have against Raft Masters, its successors and assigns, its officers, directors, shareholders, employee agents, subcontractors, and their heirs, executors and assigns.** I agree to release the City of Cañon City, the City of Idaho Springs, and Clear Creek County from the above liabilities as stated herein associated with the use of City and County property during rafting related activities. I also authorize the use of any photographs or video recordings taken of my participation for promotional purposes. This agreement and any claims shall be governed by Colorado law and the exclusive jurisdiction and venue for any claim shall be in the Fremont County Colorado District Court.

MEDICAL INFORMATION (You are not required to provide this information but the consequences of failure to do so are solely your responsibility. Information is strictly confidential.) Please identify all known allergies to food, drugs, insect bites, etc., and the nature of the reaction. Identify and describe any disabilities or conditions that might limit your participation or place you in any heightened danger from any of the risks listen in paragraph 2 above. List any medication you are currently taking and the reason for its use

In case of emergency, we will contact:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Due to the rugged and remote setting of this activity, access to hospital and medical facilities is limited. By signing below, I am giving consent for medical treatment to the guides and medical personnel in an emergency situation. I am advised that the guides have received basic first aid and CPR training and are not trained medical personnel. My signature on this document is also intended to bind myself and all members of my family participating in this activity with me as well as successors, heirs, representatives, administrators and assigns. (Parent or guardian must sign for those under 18 yrs old.)

**By signing this I acknowledge I have read and understand the above and agree.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* Failure to fill out this form completely is justification to cancel participation, without refund.